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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 525478

(4)

1. Corporation Name

BROWN MARINA CORPORATION

Principal Place of Business

40 AUDUSSON AVENUE  
P. O. BOX 1415  
PENSACOLA FL 32596

Mailing Address

40 AUDUSSON AVENUE  
P. O. BOX 1415  
PENSACOLA FL 32596-1415



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

02/09/1977

3a. Date of Last Report

08/14/1996

4. FEI Number

59-1727542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

BROWN, W. T.  
40 AUDUSSON AVENUE  
PENSACOLA FL 32596

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BROWN, W. T.	1.2 NAME	
STREET ADDRESS	1700 OSCEOLA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BRYAN, W. H.	2.2 NAME	
STREET ADDRESS	3705 MACKY COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	POWERS, B. K.	3.2 NAME	
STREET ADDRESS	709 S.W. PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BRYAN, SHIRLEY F.	4.2 NAME	
STREET ADDRESS	3705 MACKY COVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BROWN, S. J.	5.2 NAME	
STREET ADDRESS	600 GAMARRA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. T. BROWN

4/28/97

Date

904-453-3471

Daytime Phone #

CR2E034 (9/96)